

Library

BOROUGH OF SALTASH

R E P O R T
of the
MEDICAL OFFICER OF HEALTH
for 1960.



BOROUGH OF SALTASH

R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for 1960.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF SALTASH

Your Worship, Ladies and Gentlemen,

The various vital statistics for the year 1960 show that in the No. 7 Health Area, and amongst the six District Councils which constitute it, there is nothing to call for special comment. The changes in the estimated population have been insignificant amounting to no more than a decrease of 60 in the Health Area figure which brought it to 50,670. It will be interesting to see the results of the 1961 census, where the methods of ascertaining population are obviously more accurate, and more to be relied upon than the estimates used in the inter-censal years.

In an area where some 60% of the population live in rural districts and where industry on any appreciable scale is conspicuous by its absence one expects some drift away of the younger sections of the community. A consequence of this is some reduction in the proportion of young married couples in the population with an inevitable fall in the live birth rate. This disparity between the local and national rate which has been occurring for some years was again in evidence in 1960 - the corrected rate being 14.6 per 1,000 of population in No. 7 Health Area as against a national rate of 17.1 per 1,000.

The corrected death rate of 11.7 per 1,000 of population was only fractionally above that of England and Wales where a rate of 11.5 per 1,000 was returned. As in previous years by far the most common cause of death was some form of heart disease, which accounted for 43 per cent of the deaths which took place. Second in order of prevalence, but a good way behind heart disease, was cancer which was responsible for 18 per cent of the total. Of the defined forms of cancer that affecting the lung and windpipe was the most prevalent form, with the rate for S.E. Cornwall closely approaching but not equalling that for the country as a whole. The usual marked disparity between male and female deaths from this cause was evident with 20 males as against 2 females only dying from this form of cancer. Whilst the majority of informed opinion on possible causes for the increased incidence of this form of cancer still views moderate or heavy consumption of cigarettes over a long period as the most likely cause, there is a good deal of support for the belief that atmospheric pollution by domestic and industrial smoke and by fumes from the internal combustion engine may be an important causal factor to be taken into account. If this is so it is difficult to understand why men are so much more attacked by this form of cancer when it would seem that both sexes are equally exposed to general atmospheric pollution. I think it would be generally agreed that in this part of the country the degree of atmospheric pollution is far less than in areas which are densely populated and have manufacturing industries, and yet in this area the death rate from lung cancer is only very slightly below the figure for England and Wales which includes some very heavily polluted areas. I do not wish to discredit the line of thought which seeks to incriminate atmospheric pollution as a possible major cause of this form of cancer, but the apparent anomalies which I have cited do suggest that the problem will prove much less easy of solution than it appeared at first sight.

The average age at the time of death - 69 years for males, and 73 years for females - was very close to the national figures for expectation of life appearing in the most recent official life table. Of those who died during 1960 the proportion who at the time of death had reached or exceeded 75 years of age was 48%. Rates for still births, and for deaths of infants under one year of age (infant mortality rate) were below the national rates. There were no maternal deaths during the year.


The incidence of notifiable disease was not heavy during 1960 when a total of 274 cases were notified in the Health Area. The most prevalent diseases were measles, whooping cough, and scarlet fever in that order. Of the more serious notifiable diseases there were 3 cases of poliomyelitis, and 2 of meningitis. Of the 3 cases of poliomyelitis one caused some paralysis in a 12 month old child who had received only two injections of poliomyelitis vaccine and was therefore not fully protected. The other two were of the non-paralytic variety and affected adults neither of whom had been immunised. There were no deaths from these or any other notifiable disease during the year.

In recent months outbreaks of diphtheria and of poliomyelitis in different parts of the country have given cause for considerable concern. The great majority of children and adults affected had not been protected by immunisation against these diseases. As far as diphtheria is concerned the necessary protective inoculations have been available for the past 20 years, and it cannot be said that parents may not be aware of this fact or of the benefit they afford by preventing diphtheria. In spite of this it has been the sad experience that there is a general falling off in interest amongst parents, and in many parts of the country the proportion of children who are protected has sunk to below 50%, with a consequently increased risk of serious outbreaks of diphtheria. As far as I can ascertain from the records which are available to me the position in this part of Cornwall is much better where it is estimated that of children born between 1949 and 1959 inclusive and still residing in the Health Area, some 72% are protected against diphtheria, and 76% have had three injections of poliomyelitis vaccine. Whilst these figures may help to allay any fears we may have about serious outbreaks of these two diseases, they should not be regarded in any way as being really satisfactory. To achieve real peace of mind on this matter we should be aiming at a figure of 90% or above, and the closer to 100% the greater will be the assurance that these diseases will not gain any foothold in the community.

Whilst on this subject of immunisation I feel that I should comment on the relatively poor response to poliomyelitis vaccination amongst adolescents and adults up to the age of 40 years. Although poliomyelitis is primarily a disease affecting children, it can and does affect adults. It is more than likely that when children have acquired immunity through vaccination the main attack of the disease will shift to the adolescent and younger adult population who lack this immunity and have taken no steps to have themselves immunised. Moreover the experience so far with poliomyelitis in the adult is that it tends to be more severe than in the child with marked paralysis which may be fatal. The Salk type vaccine at present in use gives very good protection against poliomyelitis, and the actual injection is remarkably free from pain or any unpleasant after-effects. I hope that more people in the 15 - 40 year age group who have not yet had this protection will avail themselves of it as soon as possible by arrangement with the family doctor.

As far as tuberculosis was concerned the year 1960 was not a particularly good one in No. 7 Health Area. It is true that the total number of cases notified showed a small reduction on the 1959 figure - 33 cases as against 39 cases in 1959 - but there was a small increase in the number of respiratory infections in 1960. It is not difficult to remember when the main impact of tuberculous infection was on the young adult, and it was in this age group that one also saw the tragic toll of life taken by this disease. With the advent in the late 1940's of powerful anti-tuberculosis drugs the lethal propensities of this disease were dramatically checked to such an extent that it is now uncommon for tuberculosis to figure as a primary cause of death. The new drugs have also rendered the treatment of tuberculosis so much more effective that prolonged hospitalisation of cases is no longer required. This has had the wholly desirable effect of making beds for the admission and treatment of newly discovered cases readily available in chest hospitals so that the dangerous and frustrating delays which were the rule before 1950 no longer exist. At the same time as the position of the young adult vis-a-vis tuberculosis was being improved a change in the pattern of incidence of the disease became noticeable, and we began to see a shift in incidence from the young adult to those in the age group above 45 years. This trend for which I can adduce no very convincing explanation continued during 1960 when just over half of the newly notified cases were aged 45 or over when the disease was discovered. If the reasons for the greater liability for persons in or over middle age to contract tuberculosis are not clear, the conclusions to be drawn are more obvious. At the risk of appearing repetitious may I again appeal to all those in the upper age groups not to take any persistent chest complaint too lightly, or to dismiss it as being "only bronchitis" or "a smokers cough", but to seek medical advice. Unrecognized and untreated disease is almost always a tragedy for the sufferer, but in the case of tuberculosis relatives and friends may well be involved in the tragic consequences.

In an area where the business of accommodating and catering for the tourist and holidaymaker is something of a major industry, the need for high standards in the handling and preparation of food should be obvious and more particularly to those who own or manage hotels, boarding houses, and catering establishments. Officers of public health departments are able and willing to advise on equipment and practices which if used correctly and conscientiously will generally ensure that the consumer is provided with food which is clean and free from the risk of causing food poisoning. In the final analysis the practice of hygienic methods in dealing with food and the proper use of equipment rests with the individual employee, and this is where the seasonal nature of



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30068848>

the catering industry in Cornwall raises considerable difficulties through the need to take on at the beginning of each summer season considerable numbers of semi-skilled or unskilled workers. In the last category lack of skill is not infrequently allied with an irresponsible outlook and a low level of intelligence which makes it difficult to get such people to appreciate the need for good standards of hygiene in dealing with food. Another factor which makes for difficulties is the use of premises which are too small or are in other ways unsuitable for the carrying on of a catering business. In such a situation the understandable tendency is to devote the lion's share of the limited space available to seating the maximum possible number of customers with the inevitable and unsatisfactory result that the space for the storage and preparation of food, and for the washing of crockery, cutlery, and cooking utensils, and the storage of garbage and kitchen waste may fall well below the irreducible minimum required for the observance of good hygienic standards in dealing with food. In spite of the various factors which I have outlined as being detrimental to the satisfactory operation of catering establishments, the fact that one case only of food poisoning was notified in the Health Area during 1960, and that no complaints from members of the general public were received indicates that a reasonable standard was achieved in hotels, cafes, and other catering establishments.

The Welfare of elderly people is one of the subjects which are a continuing cause of concern to workers in the health and social services. The main source of worry is without doubt the difficulty in the provision and staffing of suitable welfare accommodation to keep pace with the needs of the increasing numbers of old folk who require care and attention which cannot otherwise be provided for them. There is not only an increase in the expectation of life, and therefore an increase in the proportion of elderly people in the community, but there is also an increasing awareness amongst old persons that the stigma attaching to the old poor law relief and its attendant workhouse has no place in the modern welfare services. As a result of this most old people are very much more receptive to the suggestion that when physical and mental infirmity have overtaken them to the extent that they can no longer adequately care for themselves, they should enter an old folks home. This twofold pressure of numbers, and greater willingness to use the facilities provided has created a situation in which there is almost always a waiting list for places in old persons homes.

The solution to this problem of caring for the elderly is going to be neither easy nor inexpensive. Up to now most of the accommodation has been provided by adaptation of existing buildings e.g. hotels, large houses but the number of premises suitably located which can be altered and adapted at a reasonable cost is very limited and expansion in this type of welfare accommodation may call for new buildings designed and equipped specifically to meet the needs of old people. Under the present conditions where the building industry has more work than it can handle the cost of providing this accommodation is likely to be high and may well delay the expansion of this important and very necessary social service.

An appreciable number of old people live either alone or with a partner of comparable age so that when illness comes the problem of nursing and general care can present a most acute and difficult problem. In the great majority of cases the only satisfactory solution is the rapid removal of the sick person to suitable hospital accommodation. Even in the case of those living in old peoples homes the care and treatment of illness other than that of a trivial and short-lived nature is beyond the resources of the relatively small staff available in these homes. Unfortunately the number of hospital beds catering for elderly and chronic sick is seldom able to meet the demand, particularly in the winter months, and delay in securing a bed poses great problems for all who have to afford general and nursing care to an old person who in addition to being bedfast may suffer from some senile confusion and be incontinent. Add to these difficulties the lack of amenities for cooking, bathing, the washing of clothing and bedding, and primitive sanitary fittings, and it will be appreciated why adequate provision of hospital beds for old persons who fall ill is something which calls for urgent consideration. I do not believe that the position in this part of Cornwall is substantially worse than in many other parts of the country but this knowledge is of little comfort when one is confronted with the particular case of an old person, ill, helpless, living alone, and in desperate need of admission to hospital, being told that because of pressure on available beds the best that can be offered is a place on a waiting list.

I have written in previous reports of the comparative neglect by housing authorities of the particular needs of the elderly in the programme of rehousing. It therefore gives me great pleasure to refer to the very good work being done by all the District Councils in this Health Area in providing new houses designed and built specifically for occupation by old people. The majority of old persons who have moved into these dwellings appear to like them very much, and appreciate the added comfort and amenities provided.

I feel in addition to making for a happier old age the provision of decent housing accommodation, especially where a warden service can be included, may do much to reduce the number of places which would otherwise have to be provided at much greater expense in welfare homes and establishments.

When I came to this part of the County of Cornwall some thirteen years ago the water supply arrangements over considerable areas were primitive and unsatisfactory, and depended on small local sources. Most of these were liable to pollution, and many of them produced inadequate supplies which after a spell of dry weather failed altogether. Now the position has improved out of all recognition, and generally adequate supplies of wholesome water are available in all but the most remote hamlets and dwelling houses. Apart from the added comfort and benefit to health which proper water supply and sewage disposal arrangements afford, these amenities open up better prospects for new housing development, and make the rehabilitation and reconditioning of older houses a worthwhile proposition for owners.

During the year most of the activity in the actual provision of sewerage and sewage disposal took place in the Liskeard Rural District, where schemes were in course of construction in Menheniot, Lanreath, Duloe, and Tredinnick. In the Borough of Liskeard further engineering investigations into the proposed sewage disposal scheme continued, but it is as yet impossible to foresee when work on this scheme might commence. Some steps were also taken in the Looe Urban District to examine possible ways of dealing with the very difficult and financially burdensome problem of providing satisfactory means of sewage disposal to replace the present unsatisfactory practice of discharging crude sewage into the river. In St. Germans Rural District, and in the Borough of Saltash schemes for better sewage disposal were also being examined during 1960.

I cannot close this preface without expressing my gratitude to the Members and the Officers of the six District Councils in the No. 7 Health Area who have given me their encouragement and support in carrying out my duties during the year 1960.

I have the honour to be,

Your Worship, Ladies and Gentlemen,
Your obedient Servant,

E. J. FOX

Medical Officer of Health.

100

100

100

100

100

100

STAFF

MEDICAL OFFICER OF HEALTH

P. J. FOX,
M.B., B.Ch., B.A.O., D.P.H.

Health Area Office, West Street, Liskeard, Cornwall.
Telephone - Liskeard 3373.

PUBLIC HEALTH INSPECTOR:

J. MARTIN,
M.A.P.H.I., M.R.S.H., M.R.I.P.H.H.

Church House, Saltash, Cornwall.
Telephone - Saltash 3190

CLERK:

P. M. KEAST (Miss)

OPERATIVE:

T. M. KELLY.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of the Borough	6,257 acres
Registrar General's Estimate of Resident Population	7,420
Number of Inhabited Houses	2,741
Ratcable Value	£85,614
Estimated Product of Penny Rate	£343

Vital Statistics for 1960

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	47	44	91
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	12.7	14.6	17.1.
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still births	1	1	2
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	21.5	13.6	19.7
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	50	47	97
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Death rate per 1,000 of population	11.1	11.7	11.5
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	2	-	2
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	21.9	16.8	21.7.

Principal Causes of Death at all Ages:

Heart disease	40
Cancer (all sites)	17
Vascular lesions of the nervous system ("stroke")	16
Respiratory disease	6
Circulatory disease	6

Average Age at Death

<u>Males</u>	<u>Females</u>
69	75

The live birth rate continues low, and there was a small excess of deaths over births. Once again the most prevalent type of cancer causing death was that affecting the lung and windpipe. Of those who died during 1960 the proportion who reached or exceeded the age of 75 years at the time of death was almost 50%

SECTION B.GENERAL PROVISION OF HEALTH SERVICESFOR THE AREA.1. Particulars of the Public Health Officers of the Authority:

These particulars are incorporated at the beginning of the Report.

There were no changes in the Department's staff during the year under review.

2. Committees:

All Public Health matters were dealt with by the Public Health and Housing Committee of the Borough Council.

3. National Assistance Act, 1948, Section 47:

No action under this Section was called for during the year.

4. National Assistance Act, 1948, Section 50:

No burials were arranged under this Section during the year.

PUBLIC HEALTH CIRCUMSTANCES OF THE AREA1. Water Supply:(a) Quality:

Water continued to be supplied from two main sources - the Plymouth Corporation's Water works at Burrator and the South-East Cornwall Water Board's works at Kit Hill. The quality of water received from both these sources remained highly satisfactory.

Samples of water for bacteriological examination from both supplies were taken regularly during the year by the Public Health Inspector. A total of 50 such samples was obtained. The reports on 49 of the samples were as follows:

"Probable number of coliform bacilli - MacConkey - two days - 37°C. - nil per 100 n.l. - highly satisfactory - Class 1". The report on the remaining sample was as follows:

"Probable number of coliform bacilli - MacConkey - two days - 37°C. - two per 100 n.l. Probable number of Bact. coli (type 1) nil.

(b) Quantity:

An ample supply of water continued to be available from both main sources. During the period 1st April, 1960 to 31st March, 1961 98,314,000 gallons were supplied by the Plymouth Corporation and 16,693,000 gallons by the South-East Cornwall Water Board. No restrictions were placed on the use of water during the year.

On the 1st October, 1960 the Council's water undertaking passed into the hands of the newly constituted East Cornwall Water Board although the Council continued temporarily to act as the Board's agents in Saltash.

(c) Plumbo-Solvency:

The total hardness of water supplied is:

(i) Plymouth Corporation - 1 p.p.h.t.

(ii) South-East Cornwall
Water Board. - 3 p.p.h.t.

The water from both main sources has little or no action on lead. No cases of lead poisoning were reported.

(d) Proportion of Population supplied from Public Water Mains:

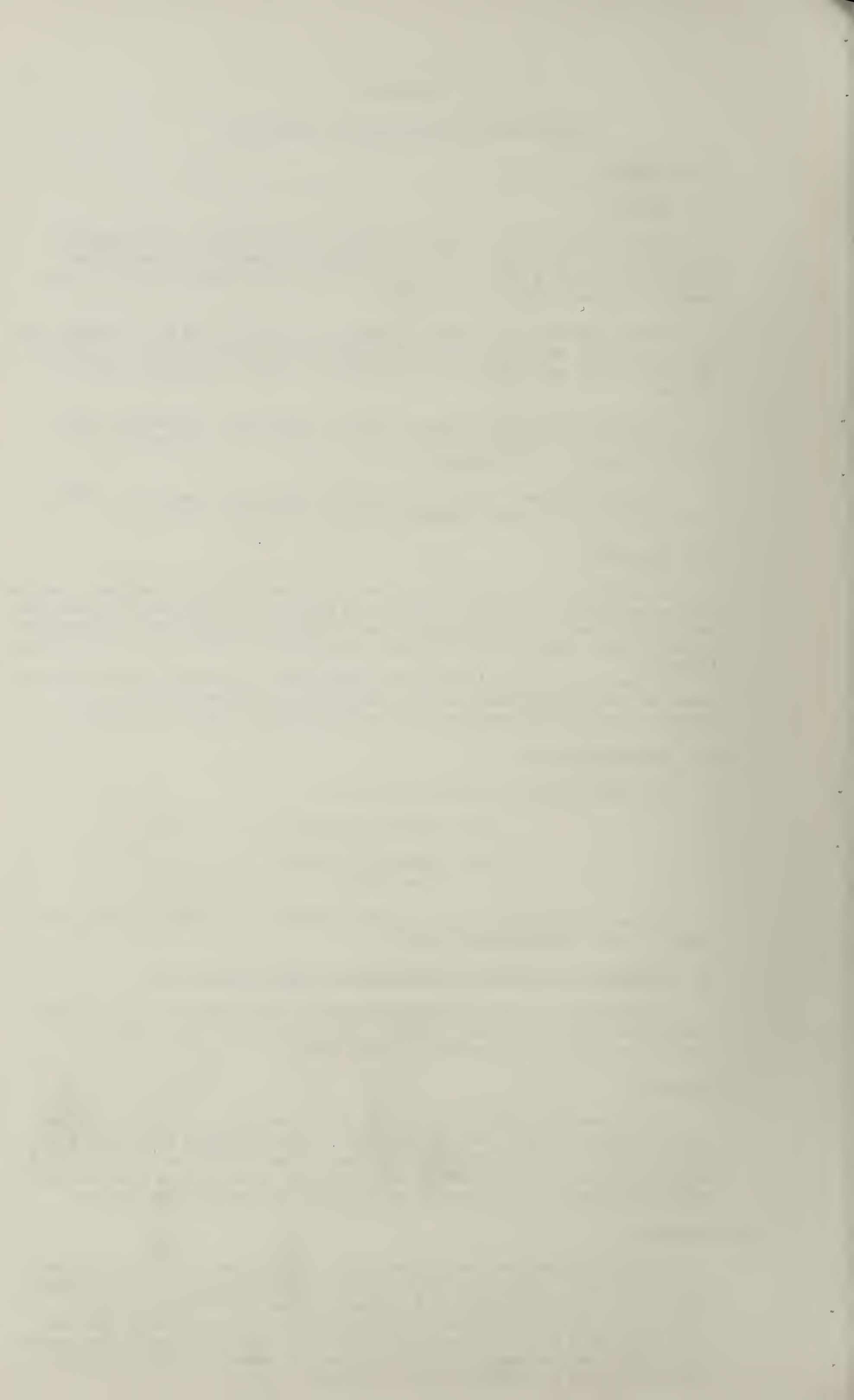
Except for one or two isolated farmhouses, virtually the whole of the Borough has now a mains water supply. The proportion of the population supplied by means of stand-pipes is negligible.

2. Drainage:

The Department exercised careful control over the construction of new drainage systems within the Borough. The general standard of drain-laying showed a marked improvement during the year. Two hundred and seventy eight visits were made by the Public Health Inspector in connection with drainage and four hundred and eleven tests were applied to new drainage systems.

3. Sewerage:

No major alterations or improvements were made to the sewerage system during the year. Certain of the Borough's main sewers continued to be used beyond their normal capacity, but as yet no scheme has been prepared to relieve this state of affairs. Instructions were given, however, for the preparation of a scheme to sewer the Weerde area of the Borough. This scheme will provide the necessary drainage for two new schools and will open up a substantial area for residential development.



4. Sewage Disposal:

The disposal of sewage continued to be effected by means of five outfalls into the River Tamar and one outfall into the River Lynher. With one exception, crude, untreated sewage is discharged.

A scheme has been prepared, however, for the construction of a new sewage disposal works at Coombe. This works is intended primarily to receive sewage from the Wearde sewerage area, but it is hoped that ultimately it will deal also with sewage from four of the existing River Tamar outfalls.

5. Closet Accommodation:

No conversions from earth closets to water closets were carried out during the year.

6. Public Cleansing:

(a) Refuse Collection:

Refuse collection continued to be disposed of by controlled tipping at the Salt Mill Tip. Every effort was again made to comply with Government recommendations in respect of controlled tipping but owing to the periodic shortage of covering material trouble was again experienced by fly infestations. The tip was regularly treated with insecticides, but it was found that this did not provide the complete answer to the fly problem.

The existing tip has almost come to the end of its useful life and a proposal was made during the year for the establishment of a new tip in the tidal portion of the Salt Mill Creek.

(b) Salvage:

The recovery and collection of textiles and metals continued during the year, the total receipts for the period 1st April, 1960 to 31st March, 1961 being £240 10s. 10d.

(c) Street Cleansing:

Street cleansing continued to be carried out as efficiently as the labour shortage permitted. The frequency varies from twice daily to once weekly according to the type of street.

A privately operated vacuum exhaustor continued to be used when required for the emptying and cleansing of street gullies.

(d) Cesspool Emptying:

When required a cesspool emptying vehicle is hired from a neighbouring authority.

7. Public Conveniences:

Male and female public conveniences are provided at:

Alexandra Square.
Burraton Sports Field.
Ferry Waiting Room.
Longstone Park.
St. Stephens; and
Warfolton Sports Field.

8. Public Health Inspection of the Area:

The inspection of all districts continued to be carried out regularly by the Public Health Inspector. In November, it was decided to pay him an allowance in respect of the use of his own car and thus enable him to carry out his duties more adequately. During the year under review the following visits and inspections were made in connection with:

	No.
Individual unfit houses	36
Houses in proposed clearance areas	20
Moveable dwellings	6
New houses	1
Council houses	51
Aged persons	1
Applicants for Council houses	94
Council house exchanges	10
Lodger applications	18
Shed control	24
Council house improvements	5
Improvement grants	29
Grocers' shops	15
Butchers' shops	48
Fish-mongers' shops	1
Ice-cream premises	4
Cafes, etc.	2
Slaughterhouses	147
Food complaints	4
Water supply	53
Shops (Shops Act, 1950)	11
Factories	19
Vacant land	3
Drainage	276
Sewerage	27
Sewage disposal	4
Refuse disposal	3
Piggeries	2
Pet shops	1
Insect infestations	7
Offensive accumulations	2
Offensive odours	2
Atmospheric pollution	1
Noise nuisances	2
Storage of petroleum spirit	53
Diseases of Animals	3
	<hr/>
	1,086
Other visits (unclassified)	57
	<hr/>
	1,143

9. Factories Act, 1937:

Co-operation continued to be maintained with H.M. Inspector of Factories in the exercise of the provisions of this Act.

The following tables give the number of factories in the Borough, details of inspections made by the Public Health Inspector and the number of defects found:

(1)
INSPECTIONS

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	3	5	-	-

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	12	14	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	-	-	-
Total	19	19	-	-

(11)

Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total:	-	1	-	-	-

10. Outworkers:

No outworkers were employed in the Borough during the year.

11. Shops Act, 1950:

Eleven routine inspections of shops were made under this Act during the year. No contraventions were discovered.

12. Pet Animals Act, 1951:

No premises were licensed under this Act during the year.

13. Insect Control:

The Department continued to provide a service for the destruction of insect pests. The following table gives details of treatments carried out during the period 1st April, 1960 to 31st March, 1961.

<u>Type of Infestation.</u>	<u>No of Treatments.</u>
Beetles	9
Wasps	8
Fleas	2
Ants	7
Woodworm beetles	5
Flies	69
Bees	2
Hornets	1
Other insects	4
Total:	<u>107</u>

14. Rodent Control:

The control of rodents continued to be carried out on the lines laid down by the Ministry of Agriculture, Fisheries and Food under the supervision of the Public Health Inspector.

During the period 1st April, 1960 to 31st March, 1961 four hundred and eighty nine inspections were made by the Operative, one hundred and eighty infestations being discovered. A successful treatment was carried out in the case of each infestation.

SECTION D.HOUSING1. Demolition of Unfit Houses:(a) Clearance Areas:

During the year under review three houses were demolished in the Waterside Clearance Area No. 3.

No further action was taken in respect of houses in proposed clearance areas.

(b) Individual Unfit Houses:

Two individual unfit houses were demolished during the year.

2. Closure of Unfit Houses:

No houses were closed for the purpose of human habitation during the year.

3. Repair of Unfit Houses:

Two unfit houses were rendered fit as a result of informal action by the Borough Council.

No formal notices were served during the year.

4. Certificates of Disrepair:

No applications for certificates of disrepair were received during the year.

5. Improvement Grants:(a) Discretionary Grants:

In the period 1st April, 1960 to 31st March, 1961 five discretionary grants were made by the Borough Council, the grants amounting to £1,232 6s.

(b) Standard Grants:

In the period 1st April, 1960 to 31st March, 1961 three standard grants were made by the Council, the grants amounting to £294 11s. 9d.

6. New Houses:(a) Local Authority:

The Council continued its policy of not providing new accommodation for ordinary housing purposes. Work commenced, however, on the construction of twenty two-bedroom houses, forming the 5th extension of Grenfell Avenue. Eleven of these houses are intended to be used for Slum Clearance and the remaining nine are being built on behalf of the Tamar Bridge Joint Committee.

In the year under review the Council possessed five hundred and fifty eight dwellings made up as follows:

	<u>No.</u>
One bedroom flats.	42
Two bedroom flats	113
Three bedroom flats	7
Prefabricated houses	39
Two bedroom houses	68
Three bedroom houses	283
Four bedroom houses	6
	<u>558</u>

(b) Private:

Forty five private dwellings were erected in the Borough during the year.

SECTION E.INSPECTION AND SUPERVISION OF FOOD.1. Milk:

Milk supplied to the town continued to be obtained from several private producers and from a large pasteurising establishment. The supervision and the production of milk on farms continued to be in the hands of the Ministry of Agriculture, Fisheries and Food. The pasteurising establishment was inspected and controlled by officers of the County Council.

2. Meat:(a) Slaughterhouses:

One private slaughterhouse is licensed in the Borough.

(b) Slaughtermen:

Seven men were licensed to slaughter animals.

(c) Meat Inspection:

All animals slaughtered were inspected according to the method and criteria of meat inspection recommended by the Ministry of Food in Memorandum 3/Meat. The following table gives details of animals slaughtered and inspections made during the year:

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	188	-	4	491	1	-
Number inspected	188	-	4	491	1	-
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ has been condemned	21	-	-	1	-	-
Percentage of the number inspected affected with disease other than tubercul- osis and cysticercosis	11	-	-	-	-	-
<u>TUBERCULOSIS ONLY:</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-	-

CYSTICERCOSIS ONLY:

Carcases of which some part or organ was condemned	6	-	-	-	-	-
Carcases submitted to treatment by refrigeration	6	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

3. Ice-cream:

Eighteen premises were registered under Section 16 of the Food and Drugs Act, 1955, for the storage and sale of ice-cream and one for the manufacture, storage and sale of ice-cream.

4. Other Foods:

The following food-stuffs were inspected, found to be unfit for human consumption and were surrendered voluntarily:

	lbs.	ozs.
Canned meat	149	12
Canned fruit	36	7
Canned fish	1	4
Canned vegetables	26	1
Canned pudding	1	15
Canned soup	1	9
Canned preserves	1	8
Canned milk	5	0
Olives		4
Ginger		7
Total:	224	3

During the previous year (1959) the amount of food found to be unfit (other than meat at the Slaughterhouse) was 281 lbs. 15 ozs. There was thus a decrease during the year under review of 57 lbs. 12 ozs.

5. Food Premises:

(a) The number of Food Premises in the Area, by type of business:

Grocers	21
Bakers and Confectioners	5
Butchers	7
Cafes and Restaurants	4
Fish Fryers	3
Fish-mongers	3
Greengrocers	4
Dairies	1
Distributors of milk	16
Licensed Premises	10

(b) The number of Food Premises by type, registered under the Food and Drugs Act, 1955, Section 16:

(i) Ice-cream:

Grocers	11
Bakers	3
Cafes	3
Mixed Premises	1
	<u>17</u>

(ii) Other:

Butchers (Sausage making)	7
Fish-fryers	3
	<u>10</u>

6. Educational Activities:

No new educational activities were undertaken during the year.

7. Method and Disposal of Unfit Food:

All unfit food continued to be disposed of by burial at the Salt Mill tip. Meat found to be unfit at the slaughterhouse was stained with liquid acid green before removal.

8. Food Poisoning Outbreaks:

No cases of food poisoning were notified during the year.

SECTION F.

PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER DISEASES

1. Notifiable Diseases (other than Tuberculosis): The incidence of notifiable disease during 1960 was again moderate in the Borough. A total of 101 cases was notified, and by far the most prevalent disease was whooping cough of which 77 cases were notified. None of the more serious infectious diseases occurred, and there were no deaths attributable to this group of diseases.

The following are details of cases and case rates of notifiable disease during 1960:

<u>Disease</u>	<u>Actual</u> <u>Numbers</u>	<u>Rate per 1,000 of population</u>	
		<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>
Whooping cough	77	10.41	1.74
Scarlet fever	16	2.16	0.91
Measles	4	0.54	2.91
Pneumonia	2	0.27	0.45
Erysipelas	2	0.27	0.12

2. Tuberculosis: There was a small reduction in the incidence of this disease. During 1960 a total of 5 new cases was notified as against 6 cases for the previous years. No deaths attributable to tuberculosis were registered during the year.

The following are details of new cases and case rates for this disease:

<u>Age Group</u>	<u>New Cases</u>	
	<u>M.</u>	<u>F.</u>
0 - 5	-	-
5 - 15	-	-
15 - 25	-	-
25 - 45	-	-
45 - 65	1	1
65 and over	2	1
	<u>3</u>	<u>2</u>

	<u>Rate per 1,000 of population</u>	
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>
New cases	0.68	0.65
All known cases	6.35	6.04
Deaths	-	0.04

At the end of 1960 there were 42 known cases of respiratory tuberculosis, and 5 known cases of non-respiratory tuberculosis resident in the Borough.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1960

DISEASE	ST GERMAN'S R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7
Heart disease	79	76	40	16	55	22	288
Cancer (all sites)	35	32	17	13	11	10	118
Vascular lesions of the nervous system ("stroke")	30	19	16	4	12	7	88
Respiratory disease	10	7	6	6	5	7	41
Circulatory disease	11	3	6	1	1	3	25
Digestive disease	2	7	2	4	-	2	17
Accidents	4	7	2	1	1	1	+16
Genito-urinary disease	5	4	1	1	2	-	13
Suicide	1	3	-	3	-	-	7

+Includes 5 motor vehicle accidents

APPENDIX 2

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1960

TYPE OF DISEASE	ST GERMAN'S R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH Area No. 7
Coronary disease: angina	39	17	18	8	11	8	101
Hypertension with heart disease	7	6	3	-	3	4	23
Other heart disease	33	53	19	8	41	10	164
Cancer of lung & bronchus	4	8	5	3	2	-	22
Cancer of stomach	4	5	3	4	1	3	20
Cancer of breast	5	3	1	-	-	-	9
Cancer of uterus	3	1	1	-	1	-	6
Other cancers	19	15	7	6	7	6	60

APPENDIX 3

DEATHS BY AGE GROUPS - 1960

DISTRICT	0 - 5 YEARS	5 - 15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 YEARS AND OVER	ALL AGES
St. Germans R.D.	5	1	1	43	58	86	194
Liskeard R.D.	1	1	8	34	43	87	174
Saltash M.B.	3	-	3	12	31	48	97
Torpoint U.D.	2	-	5	16	15	16	54
Liskeard M.B.	1	-	2	15	21	54	93
Looe U.D.	-	-	2	9	17	28	56
Health Area No. 7	12	2	21	129	185	319	668

APPENDIX 4.

AVERAGE AGE AT DEATH - 1960

DISTRICT	MALES	FEMALES
ST. GERMAN'S R.D.	69	71
LISKEARD R.D.	68	75
SALTASH M.B.	69	75
TORPOINT UD.	63	63
LISKEARD M.B.	72	77
LOOE U.D.	71	74
HEALTH AREA NO. 7	69	73

APPENDIX 5

TUBERCULOSIS

NEW CASES AND DEATHS IN HEALTH AREA NO. 7 -1960

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 5 YEARS	-	-	-	-
5 -15 YEARS	1	1	-	-
15 -25 YEARS	1	-	-	-
25 -45 YEARS	8	5	-	-
45 -65 YEARS	6	2	-	-
65 YEARS AND OVER	8	1	1	1
	<u>24</u>	<u>9</u>	<u>1</u>	<u>1</u>
	<u>MALES</u>		<u>FEMALES</u>	<u>TOTAL</u>
NEW CASES RATE PER 1,000 OF POPULATION	0.47		0.18	0.65
MORTALITY RATE PER 1,000 OF POPULATION	0.02		0.02	0.04

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION IN THE
SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1960

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES AT 31.12.60</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.90	6.37	-
LISKEARD R.D.	0.36	4.27	0.07
SALTASH M.B.	0.68	6.35	-
TORPOINT U.D.	0.83	7.69	-
LISKEARD M.B.	0.93	7.71	0.23
LOOE U.D	-	6.04	-
HEALTH AREA NO. 7	0.65	6.04	0.04
CORNWALL COUNTY	0.53	7.06	0.06

APPENDIX 6

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1960

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45 YEARS	1	-
45 - 55 YEARS	-	-
55 - 65 YEARS	8	-
65 - 75 YEARS	6	2
75 YEARS AND OVER	5	-
ALL AGES	20	2

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1,000 OF POPULATION

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO.7	0.395	0.039	0.434
CORNWALL COUNTY	0.283	0.047	0.330
ENGLAND AND WALES	0.413	0.068	0.481

